

System: 165.135.210.45 sec fax,sec, 4181087 --- Time Printed: 01-24-2005 09:24:36

From: 9208877973  
Media: Fax 7 pages  
Subject:  
Status:  
Received: 12:55 PM 01/21/05

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BEAVER DAM COMMUNITY HOSPITALS, INC.

707 S. University Avenue

Beaver Dam, WI 53916

(920) 887-7181

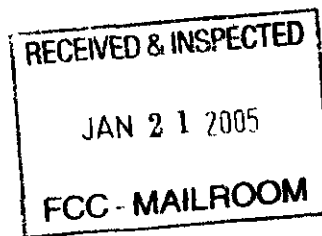
FAX (920) 887-7973

Date: 1-21-05FACSIMILE COVER LETTER

Deliver the following pages to:

Name: \_\_\_\_\_ 202-418-0187Company: FCCFrom: Sandra Tiedt Executive AssistantComments: Appeal USAC RHC Decision 2003 plan yr.Total of 7 pages being transmitted (including this cover page).

If you do not receive all the pages being transmitted, or have questions in regards to this FAX, please call me at (920) 887-6389.



John R. Landdeck  
President

January 19, 2005

Letter of Appeal  
Rural Health Care Division/ USAC  
2000 L Street NW, Suite 200  
Washington, DC 20036

Federal Communication Commission  
Office of the Secretary  
445 12<sup>th</sup> St. SW Room TW-A325  
Washington, DC 20554

To Whom It May Concern:

Please accept this letter as my intent to appeal the decision of USAC/RHC to deny any funds reimbursement for the plan year 2003. (July 1, 2003-June 30, 2004). We received a Funding Commitment letter dated November 23, 2004 which reveals an Estimated Total Support Amount of \$00.00, with no explanation as to why or how this was determined.

Because of other commitments, I have not been able to address this project recently. I called RHC on Jan. 19 to obtain an explanation because I knew my time for appeal was nearing an end. This morning I received a voice mail from Jeff at RHC stating that the reason why no support was granted was that "your ISDN line is billed by usage and we can't give you funding based on the usage. This was a response generated from USAC in Washington D.C. The part of your circuit that is a standard rate each month is \$120 which is less than the urban quotes we received. So, therefore, no funding will be issued. If you have any other questions, my direct line is 973-884-8192."

I had a discussion with our Information Services dept. and with our SBC Sales Account Representative today. It is my understanding that we pay a monthly fee for the ISDN PRI-T1 line of \$661.59. This fee remains the same and is not based on number of calls. We have an additional optional usage package that allows for 12,500 calls per month at a fee of \$102.50. If we exceed that limit we are billed an additional \$.0082 per minute. Our Account Rep said that Jeff may have mistaken the \$120. per month fee as our ISDN fee but this is an additional monthly fee for an ISDN D-Channel Backup which we understand will probably not be eligible for reimbursement.

Please inform me if you need additional information.

Respectfully,

Sandra Tiedt  
Executive Assistant  
Beaver Dam Community Hospital  
707 S. University Ave.  
Beaver Dam, WI 53916 Phone: 920-887-6389 FAX: 920-887-7973

HCP # 13359  
Funding Request #13828  
FCC Docket nos. 96-45 and 97-21

707 South University Avenue, Beaver Dam, WI 53916  
Telephone: (920) 887-7181 Fax: (920) 887-3422 [www.bdch.com](http://www.bdch.com)





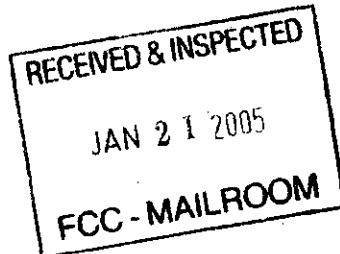
**Universal Service Administrative Company**  
Rural Health Care Division

80 South Jefferson Road  
Whippany, NJ 07981

www.rhc.universalservice.org  
Phone: 1-800-229-5476

November 23, 2004

Sandra L Tiedt  
Beaver Dam Community Hospital  
707 South University Avenue,  
Beaver Dam, WI 53918



**Re: Funding Commitment for Funding Year 2003, Funding Request # 13828**

Dear Sandra Tiedt:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Form 466 and made decisions with respect to your request for support of telecommunications services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

**HCP Number:** 13359  
**HCP Contact Name:** Sandra L Tiedt  
**HCP Name:** Beaver Dam Community Hospital  
**HCP Address:** 707 South University Avenue  
Beaver Dam, WI 53918

In addition, a copy of this letter has been sent to your telecommunications carrier listed below.

**Telecommunications Carrier Name:** SBC Wisconsin  
**Service Provider Identification Number (SPIN):** 143001856

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2003 (7/1/03 to 6/30/04). The estimated total support amount listed below is what the RHCD has reserved for your request.

**Telecommunications Service:** ISDN - 384 Kbps  
**Billing Account Number:** 920-Z16-8111

Quantity Of Service	Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
1	Month to Month	12/16/2003	6/30/2004	6.52	\$0.00	\$0.00	\$0.00	13828

To help you understand the information provided in this letter, the following definitions are provided:

- **Telecommunications Service:** The type of telecommunications service ordered from the telecommunications carrier.

Sandra L. Tiedt  
Page 2  
November 23, 2004

- **Quantity of service:** The number of eligible telecommunications services requested from the telecommunications carrier as shown on Form 466 and supporting documentation.
- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a tariff. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as tariffed service, or if an HCP is eligible for tariffed service support prior to the contract award date, they are treated as tariffed service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 466 was posted on the RHCD website, but tariffed service is never eligible for such pre-posting support. Questions about contract/tariff determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested telecommunications service. Note: If the actual start date on Form 467 is different from the date on Form 466, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 466 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2003 is June 30, 2004. This is also the last day support may be given to eligible rural HCPs for Funding Year 2003 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Form 466 and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the telecommunications services ordered from the telecommunications carrier. This amount is calculated from information provided on Form 466 and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the telecommunications carrier on a monthly basis during Funding Year 2003. This amount is calculated from the information provided by the rural HCP on Form 466 and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

#### **Next Steps**

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This form will confirm your receipt of the telecommunications services for which support has been approved, and the date on which the telecommunications carrier began providing those services (If this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number in the table to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the telecommunications carrier for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

Sandra L Tiedt

Page 3

November 23, 2004

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by telecommunications carriers to track charges and credits for customers and is listed on the telecommunications bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their telecommunications carrier.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the telecommunications service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested telecommunications services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

#### **Appeals**

The RHCD recognizes that some health care providers will disagree with our decisions. If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter. There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request. **OR:**
- B. Write an appeal directly to the Federal Communications Commission (FCC)—skipping Option A—explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725, as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD website ([www.rhcd.universalservice.org](http://www.rhcd.universalservice.org)). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal  
Rural Health Care Division / USAC  
80 South Jefferson Road  
Whippany, New Jersey 07981  
Phone: (800) 229-5478

Sandra L. Tiedt

Page 4

November 23, 2004

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to [rhcd-admin@universalservice.org](mailto:rhcd-admin@universalservice.org). The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission  
Office of the Secretary  
445 12th Street, SW  
Room TW-A325  
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission  
Office of the Secretary  
9300 East Hampton Drive  
Capitol Heights, MD 20743  
(8 AM - 7 PM ET)

The FCC will not accept hand-delivered or messenger-delivered paper filings at its headquarters. They will be accepted only at the following address:

Federal Communications Commission  
Office of the Secretary  
236 Massachusetts Avenue, NE, Suite 110  
Washington, DC 20002  
(8 AM - 7 PM ET)

For security purposes, hand-delivered or messenger-delivered documents will not be accepted if they are enclosed in an envelope. Any envelopes must be disposed of before entering the building. Hand deliveries must be held together with rubber bands or fasteners.

Sandra L Tiedt

Page 5

November 23, 2004

Appeals may also be submitted to the FCC electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing with the ECFS to ensure timely filing. Instructions for using ECFS can be found on the ECFS page of the FCC website. Appeals to the FCC filed by fax must be faxed to 202-418-0187. Electronic appeals will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

#### **Funding Year 2004**

The Funding Year 2004 application-filing window will open well before the beginning of the funding year on July 1, 2004. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

#### **Questions**

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

**RHCD - USAC**

cc: SBC Wisconsin, Beaver Dam Community Hospital